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| (Re | equestor's Name) | <u> </u> |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | <u>.</u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| | | |

Office Use Only



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EFFECTIVE DATE 01-01-14

23/5 DEC 16 Ph 4: 29

B. FOSTICK

DF 1 1 8 2013

- ... NER

COVER LETTER

| Division of Co | | | |
|---------------------------|---|---|---|
| SUBJECT: Ben | efits 4 Y | on LLC | |
| | Name of Limited | Liability Company | |
| The enclosed Articles of | of Organization and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| Kichar | rd Delang | Jame of Person | |
| | | | |
| | F | Firm/Company | |
| 1323 | Cadillac D |)- _~ | |
| | | | |
| Dayt | tona Blach City/ He 0908 @ aol. E-mail address: (to be used for | 31 32117 | |
| <u> </u> | City/ | State and Zip Code | 5 , 5 |
| <u>Hotone</u> | He 0908 @aol. | com | [|
| | | | Ť. P |
| For further information | concerning this matter, please c | all: | $\frac{\omega_0}{\omega_0}$ |
| Lichard | B Delancy | at (386) 453 (Area Code & Daytime Telepho | 59 41 50 50 C |
| Name | of Person J | Area Code & Daytime Telepho | one Number |
| Enclosed is a check f | or the following amount: | | |
| □\$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | ele |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words Limited Liabili | y Company, "L.L.C.," or "L.LC.") |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1323 Cadillac Dr Daytona Beach, 31 32117 | 9ame |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. | red Agent. You must designate an individual or another |
| | |
| <u>Kichard</u> Del Name | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

| The name and address of each | h Manager or Managing Member is as follows: |
|--|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem | Name and Address: |
| m G R M | Richard Delancy 1323 Cadillac Dr J Daytona Black, 3132117 |
| MC-R M | Antonette Williams 1323 Cadillac Dr. Daytona Beach, 31 32117 |
| | |
| | |
| (Use attachment if necessary ARTICLE V: Effective date, if other (If an effective date is listed, the option to or 90 days after the date of | r than the date of filing: Jan of, 2014. (OPTIONAL) ate must be specific and cannot be more than five business day |
| REQUIRED SIGNATURE | |
| anton | the Williams |
| Signature o | f a member or an authorized representative of a member. |
| constitutes an affirm I am aware that any constitutes a third de | section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. The sales information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.) Typed or printed name of signee |

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)